



ZERO DISCHARGE CERTIFICATION STATEMENT

1. COMPANY NAME: _____ PERMIT NUMBER: _____
2. SANITARY CONNECTION ADDRESS: _____
3. CONTACT NAME: _____ PHONE NUMBER: _____
4. REPORTING PERIOD:
 - December 1, _____ through May 31, _____
 - June 1, _____ through November 30, _____
 - SMR Monitoring Period: _____ to _____
 - Operating Days for the Reporting Period: _____

5. PROCESS INFORMATION FOR THE ABOVE REPORTING PERIOD:

Process Description	Wastewater Disposal Method: (hailed, evaporated, etc.)	Total Volume Wastewater Disposed (gallons)
A.		
B.		
C.		
D.		
E.		

CATEGORICAL ZERO DISCHARGE PROCESS CERTIFICATION STATEMENT

Based on my inquiry of the person or persons directly responsible for managing compliance with industrial waste discharge requirements, I certify that to the best of my knowledge and belief, this facility does not discharge industrial wastewater to the sanitary sewer system from the categorical processes listed above at this facility.

I further understand that an annual inspection, as well as any necessary non-routine inspections, may be conducted by an Environmental Inspector from the San José-Santa Clara Regional Wastewater Facility. During these inspections, I shall make available copies of waste manifests and any other records that support zero discharge of categorical process industrial wastewater (e.g., sludge manifest records, chemical solution replenishment records, and water bills).

I certify under penalty of law that this document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND CERTIFIED BY AN EXECUTIVE OFFICER

PREPARED BY:

CERTIFIED BY:

Signature

Date

Signature

Date

Printed Name and Title

Printed Name and Title